



**Guardian Request for Level I Residential Treatment**  
**Child and Adolescent Only**  
 Form 3.14.8

**Request Information**

I, \_\_\_\_\_, am requesting consideration of Level 1 Residential Treatment for (name of child/adolescent) \_\_\_\_\_, date of birth ( \_\_\_/\_\_\_/\_\_\_), who is under my guardianship.

I understand that if the above named person is admitted into a Level 1 Treatment Facility, there will be increased involvement of the Child and Family Team in treatment and discharge planning throughout the residential stay.

Signature of Guardian	Date
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**Recommendations**

Recommendations for treatment by Behavioral Health Medical Practitioner:


Behavioral Health Medical Practitioner (please print)	Signature	Date
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**This form must be completed prior to request for pre-service authorization, and faxed to the Care Manager at time of request.**

**Please complete and fax to 1-866-568-6747**